

liable to be rejected as those which might be supposed to cause some embarrassment to the stomach.

Granted, then, that sea-sickness is a nervous vomiting, and that the reflex action is transmitted by the vagi to the solar plexus, the question arises, What is the origin of the stimulus?

By paralysing the accommodation of one eye, that is to say, converting one eye into an "ametropic" and allowing the other to remain "emmetropic," it was found that the intensity of the symptoms was greatly ameliorated. During the last twelve months at sea I have collected reports on 50 cases so treated; 65 per cent. were relieved in from six to twenty-four hours; the method of treatment being: Two or three drops of a solution of atropine (4 gr. to the ounce) or other mydriatic were dropped into one eye daily, after a satisfactory examination with the ophthalmoscope, etc., or where the patient objected one eye was merely bandaged; thus, by altering the principal focus, the motion of objects on board a ship (which no doubt forms the impulse) is not so uniformly transmitted to the brain. Nine of the above cases are more or less blind in one eye, and have not experienced sea-sickness since blindness. One recent case I will cite, as being a striking example of the effects of unilateral blindness on sea-sickness:

D. M., aged 50 years. First-class passenger, R.M.S. *Etruria*, has crossed western ocean two or three times a year in "Cunard liners" since 1887. Suffered severely from sea-sickness every trip until 1896. In 1894 consulted an oculist, when both eyes were certified to be "emmetropic." In January, 1896, vision in left eye was found to be $\frac{1}{2}$ (afterwards becoming entirely lost). Cause not known. In February, 1896, he again crossed, and has since continued to do so as regularly as before, but has not since experienced any feeling of sea-sickness.

In conclusion, should like to add a few remarks *re* the administration of chloral hydrate in this malady. As a hypnotic and depressant of the vagi centres large doses are required; but, unfortunately, large doses act as a gastric irritant, and thus the tendency to vomit is increased; consequently only a small dose of the drug is retained and absorbed, which acts as a stimulant to the vagi centres. The only satisfactory way to administer chloral hydrate in obstinate cases of sea-sickness is by the rectum in doses of from 20 to 30 gr.

The important question of the treatment of sea-sickness, which strikes fear into the hearts of thousands of people who are compelled by business or otherwise to cross the ocean, demands special attention. As the present system of treatment by soporifics and general depressants is, at the most, symptomatic, and dangers may arise from not knowing the idiosyncrasies of your patients (which obviously ship surgeons cannot), I felt compelled to abandon it.

I am indebted to Dr. Johnson, Cunard liner R.M.S. *Etruria*, for reports on some of the cases.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

THE IDENTIFICATION OF MOSQUITOS.

I WOULD like to take this opportunity of drawing the attention of those who are interested in the subject to an error which I noticed in a note on *Anopheles (cellia) pharoensis* in the first report of the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum. Mr. Theobald says: "It also extends into Arabia, having recently been sent to me from the Aden Hinterland." In May, 1904, when in medical charge of the lines of communication at Nobat Dukaim, I sent a few specimens of an *Anopheles* which I was then studying to Mr. Theobald, with a note to say I thought it was a new species but was related to *A. rossii* and *A. ludlowii*. Mr. Theobald wrote back, and said my *Anopheles* was *Anopheles wellcomei*. I was unable to compare this mosquito with *Anopheles wellcomei*, so I awaited the publication of the above report. I had, in the meantime, sent some specimens to Liverpool as *Anopheles wellcomei*. The report appeared in September, 1904, and later I heard from Liverpool that my specimens were not *Anopheles wellcomei*. Since then I have read the description of *Anopheles wellcomei*, and have compared it with my specimens, and find it is most certainly not the same mosquito. I therefore wish to state that mine is a new species, and has been named *Anopheles arabiensis*. I need hardly say that the note on *Anopheles pharoensis* is meant for *Anopheles wellcomei*. I have studied all the *Cnecidae* in the Aden Hinterland as far as I was able,

and never once came across any *Anopheline* that could be placed in the genus *cellia*.

It will be easily understood that it is an exceedingly difficult matter identifying a mosquito from a dried adult female, so much depends on the scale ornamentation; but to one who is on the spot and has the opportunity of examining countless numbers of fresh specimens and of studying the eggs and larvae, and comparing these with the accurate descriptions of the known mosquitos, it is far simpler.

Anopheles arabiensis is the most important malaria carrier in the Hinterland. Malaria is the prevailing disease, and is mostly malignant tertian. I hope shortly to publish my descriptions of five new *Anopheles*, giving full details of eggs and larvae.

Jubbulpore.

W. SCOTT PATTON, M.B., Lieut. I.M.S.

EXERCISE AND OPEN-AIR TREATMENT OF PHTHISIS.

NOW, when we hear so much about the open-air treatment of consumption, I cannot help writing a few lines strongly to endorse the statement made by Dr. Hughes of the Westmorland Sanatorium regarding exercises (BRITISH MEDICAL JOURNAL, April 22nd, page 883). I can recall cases, happily not very numerous, when I have seen tuberculous mischief in the lung in young men powerfully helped on its course by a trip to Switzerland. The patient goes with friends, and is encouraged by them to exert himself in long walks from which he returns fevered and exhausted.

Too much stress is now laid on exercise. One may see a consumptive invalid walking daily in all weathers; he tells you he is "doing the open-air cure." The truth being that he is dangerously overdoing what he calls the air cure. Put such a one on the plan of rest, good food, and pure air, and an improvement is pretty certain to follow. When a tuberculous patient begins to show signs of gout in his system then the case becomes very hopeful.

With regard to air treatment, I should like to say that there seems to me to be a tendency to a non-tuberculous form of disease in the left lung apex as a result of breathing close air. In a book I wrote on the climatic treatment of consumption many years ago, I referred to the cases of seamen who were invalided from an old man of war with what the surgeon called "pulmonary cachexia." The disease was evident at the left lung apex, and was attributed to the very close atmosphere in which the men slept. Most of these cases recovered completely. I have myself observed cases in which a crepitant râle at the left apex has made one fear the advent of tuberculosis, but many of them have recovered perfectly under treatment. One such I had under observation last year. The youth was a hard-working dental student, and my diagnosis was confirmed by an able second opinion. Treatment with sodium hypophosphite, pure air and rest seems perfectly to have restored this man, for now no morbid sounds can be heard in the lungs. There were no bacilli in the sputum.

Cases of this class in young overworked men and women ought certainly to benefit greatly in a well-managed sanatorium.

Bognor.

JOHN C. THOROWGOOD, M.D., F.R.C.P.

CAMPBOR POISONING: A NOTE.

IN discussing camphor poisoning the authorities give descriptions which are more varied than convincing, and treat the fact that convulsions occur with an almost contemptuous brevity.

I have been called to two cases, and in each I was warned that "the patient was dead." My father, Dr. Leonard Grant, has also seen one case, and the message sent was to the effect—"Sister has died in a fit." Although, however, neither of us has seen any of these attacks, the history of one of my cases is so striking that I submit it.

A police-constable was called to see a man who had taken poison, and found him apparently dying. While the officer was preparing an emetic the patient vomited and seemed to get immediately well, but the officer decided to take him to the hospital, whither he walked with ease. The house-physician on duty was unable to find anything to support the history, so the man was taken to the police station.

While the constable was explaining the matter to the inspector the prisoner was seized with a convulsion, which rapidly passed into collapse and of such a character that even an officer of this experience added to his request that I should come, "I think the man is dead."

I was at the station in less than ten minutes, and found the patient standing. He smelt strongly of camphor, as did also

the vomit on the floor; the pupils were dilated and the pulse flabby, but there the signs ended. After the usual first aid I sent him into the infirmary, where he remained, I believe, one day.

My other case was that of a young child in whom languor was a marked symptom. The mother described the occurrence of a convulsion "like teething." This class of case is interesting, and personally I should be glad to hear of the experience of others in connexion with them.

London, E.

GRAHAM GRANT.

REPORTS

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

YORK COUNTY HOSPITAL.

A CASE OF COMPOUND DEPRESSED FRACTURE OF THE SKULL: CEPHALO-TETANUS: RECOVERY.

(Reported by Mr. W. H. JALLAND, F.R.C.S., Surgeon to the Hospital.)

CHARLES B., aged 21, a groom, was admitted into hospital under my care on December 2nd, 1904, suffering from a compound depressed fracture of the skull in the left frontal region. It was stated that his previous health had always been good, and that day he had received a kick on the head from a horse in the hunting field after a fall. He was unconscious for a short period, and then with help he was able to walk out of the field.

Condition on Admission.—The patient, a thin, very pale man, walked into the casualty room with a little assistance, and was able to speak and see clearly. The wound in the left frontal region had been sutured in two places. The sutures were removed, the wound opened, and a compound depressed fracture of the left frontal was seen. Some earth was removed from the deeper parts of the wound, which was temporarily dressed with wet salalembroth gauze. There were no other injuries, nor were any signs of constitutional disease found. On admission to the ward his temperature was normal and his pulse 56, of good volume and regular; respirations 20.

Operation.—Two hours later the patient was placed under an anaesthetic, the scalp and eyebrows shaved, and the wound cleaned in the usual way. The anterior limit of the wound was carried forward by an incision in order to expose the whole of the depressed bone, the wound so made being rather more than 2 in. from front to back. With Hoffmann's gouge forceps the opening in the skull was enlarged, and three pieces of bone were removed with sequester forceps, as well as some spicules of bone. It was noted that earth had been driven between the skull and the dura mater, and, as far as possible, this was removed with dry swabs. It was also noted that the fluid which flowed from the intracranial portion of the wound was of a watery character, but no laceration of the dura mater was observed. The three pieces of bone, bare of periosteum, were replaced, two of the pieces having been scrubbed in 1 to 40 carbolic lotion. The wound was closed with silk-worm-gut sutures, and a small drainage tube inserted through the posterior limit of the wound, and the wound dressed with salalembroth gauze.

Progress.—A $\frac{1}{4}$ gr. of morphine was given hypodermically in the evening after the operation, and the patient passed a good night, being little troubled with sickness. The stitches were taken out on December 7th, when the wound was found to be healed, except where the drainage tube had been. During the week succeeding admission the patient's temperature rose to $100\frac{1}{2}^{\circ}$ on three occasions, and was generally between 99° and 100° ; the pulse ranged from 68 to 70, respirations from 18 to 20.

Onset of Tetanic Symptoms.—On December 10th there was observed to be a little persistent oedema round the left eye. On December 12th the man complained of some stiffness of the jaw muscles, apparently the masseters, which prevented him from opening his mouth. He had suffered from no spasms, nor from stiffness of the neck or hands. His temperature was between 96° and 97° ; pulse, 52 to 56. The tongue was clean, and, except for the stiffness in his jaw muscles, the patient was comfortable. Fluid diet was taken with difficulty. On December 13th during the night the patient had difficulty in swallowing. Pulse and temperature remained as on the previous day, but a serous discharge was found to be coming from the old tube track. He was given chloral gr. xxx and pot. brom. gr. xx every four hours. On December 16th no change was observed, except that the wound was dry; it was dressed with pulv. acidi bor. On December 17th the dressings were found soaked with serous discharge, and the wound was dressed with salalembroth gauze. The jaw muscles were less stiff. The temperature,

pulse, and respirations remained as before. The chloral mixture was given three times a day.

Result.—By December 25th the stiffness of the masseters had almost entirely disappeared, and the wound was dry. On December 27th there was slight oedema round the left eye, but the patient's general condition was good. On January 6th the man was discharged quite well.

(I am indebted to the house-surgeon, Mr. J. G. Gaynor, for the preparation of these notes.)

British Medical Association. CLINICAL AND SCIENTIFIC PROCEEDINGS.

SOUTH-EASTERN BRANCH: CANTERBURY AND FAVERSHAM DIVISION.—At a meeting held at the Kent and Canterbury Hospital on May 4th, under the Presidency of Mr. B. RIGDEN, Vice-Chairman, Dr. E. WEATHERHEAD showed a case of thrombosis of the deep cerebral veins, with bilateral haemorrhage into the optic thalami. The patient, a woman aged 38, was admitted to the Kent and Canterbury Hospital on October 26th, 1904. Two weeks previously she began to complain of pain in the forehead above the left eye. For four days before admission she was "queer in the head" at times; forgot her children's names, and talked about relatives long ago dead as though they were still alive, asking to see them, and so on. She was quite herself at other times. She took to bed three days before admission. She had had no vomiting, but a little retching one night only. She was sleepless, and continued to complain of constant pain in the head. Previous health: No serious illness; subject to "neuralgic" headaches for last two months. Family: Seven children; four living, youngest $2\frac{1}{2}$ years; three died in early life. No miscarriages. Condition on admission: She seemed to be in great pain, which was referred entirely to the forehead, chiefly the left side. She answered questions intelligently, but scarcely talked otherwise. Pulse 140, temperature 100° ; tongue furred. No definite physical signs of disease in heart or lungs. The legs appeared to be tender to pressure; knee-jerks could not be obtained; ankle clonus not present. Babinski's sign not present; plantar reflex exaggerated; no pupillary changes. Progress of case: The patient gradually passed from a condition of restlessness to a drowsy state, with delirious intervals. Widal's test gave a negative result. For the last three days there was incontinence of urine and faeces. The temperature, after the initial rise on admission, remained about normal till the last three days, when it began to rise. The pulse ranged from 112 to 144. An attempt at ophthalmoscopy failed, it being impossible to get the patient to keep her eyes still. The urine contained a faint trace of albumen. The patient died on the seventh day after admission. *Post-mortem examination.*—Brain: cortical veins of cerebrum much distended, more so on left than on right side. Both optic thalami presented a mottled red appearance with well-defined red outline. On making deeper horizontal sections, portions of each thalamus were found to be almost black in colour, evidently a haemorrhagic condition. The internal capsules were not involved. The vena magna Galeni and its tributaries were thrombosed. Unfortunately this condition of the veins, which naturally was not suspected, was only discovered after the skull had been restored to position and the scalp sewn up, so that the condition of the cerebral sinuses was never investigated. There was no apparent disease of the arteries at the base of the brain. The kidneys were not examined, the examination being made hastily. Other organs were healthy. Microscopic preparations of the optic thalamus and of one of the thrombosed veins were made. The former showed extensive haemorrhagic infiltration, but no trace of any gliomatous formation. Nothing suggestive of syphilis was found in either preparation. Observations: (1) the absence of any assignable cause; (2) the absence of hemiplegia or hemianaesthesia, which have been frequently observed in lesions of the optic thalamus. The paucity of symptoms is noteworthy.—Dr. HENCHLEY showed (1) a woman, aged 47, having a lipoma situated below and internal to the left scapula. It was 17.5 cm. in length and 10.5 cm. in breadth; she stated that it had increased in size somewhat considerably during the last three months; (2) a woman, aged 28, suffering from pulmonary tuberculosis in the right lung with the heart situated on the right side of chest. The apex beat was in the fourth right

MEDICAL NEWS.

THE degree of Doctor of Medicine was recently conferred for the first time on a woman by the University of Berlin. The name of the lady is Fraülein Elise Taube.

THE competitive plans and drawings of the new buildings of King's College Hospital will be on view in the Court Room of the Carpenters' Hall, London Wall, E.C., from May 26th to June 1st.

THE opening lecture of the summer session of the Hospital for Consumption and Diseases of the Chest, Brompton, will be given by Dr. Maguire on Wednesday next at 4 p.m., the subject being the elements of prognosis in pulmonary tuberculosis, with illustrative cases.

At a meeting of the National Health Society to be held on Tuesday, May 30th, at 3.30 p.m., at Grosvenor House, Princess Christian will present the diplomas, medals, and certificates of the Society to successful candidates. The chair will be taken by the Earl of Derby, President of the Council of the Society.

THE annual dinner of the Chesterfield Branch of the Midland Medical Union was held on May 11th, when the chair was taken by the President of the Union, Dr. Godfrey Macdonald. After the usual loyal toasts, that of "The Midland Medical Union" was proposed by Mr. Cheeswright and acknowledged by the President. The toast of "The Guests" was proposed by the ex-President, Dr. George Booth, and responded to by Dr. J. W. Martin and Mr. Rowthorne. After these speeches the evening was spent in the discussion of matters relating to the objects of the Union and in interchange of experience in attaining a fair and reasonable remuneration for medical contract services by unity of action in particular districts.

THE Shah has appointed Sir Hugh Adcock, C.M.G., Persian Consul-General at Florence. Sir Hugh Adcock, who is an old student of Guy's Hospital, and is a Member of the Royal College of Surgeons of England (1871), a Licentiate of the Royal College of Physicians of Edinburgh (1869), and a Licentiate of the Society of Apothecaries (1869), retains the rank of Honorary Consulting Physician to His Majesty. Dr. Schneider, a Frenchman, has been appointed Physician-in-Chief. We understand that the real meaning of these appointments is that Sir Hugh Adcock, who was the Shah's Physician for many years, has practically been supplanted by the French practitioner, a fact which is considered to be of some political importance.

THE TYPHOID EPIDEMIC AT LINCOLN.—Only two cases were notified during the week ending on Friday, May 12th.

SOCIETY OF APOTHECARIES OF LONDON.—The unveiling of St. Luke's Window in St. Ann's Church, Queen Victoria Street, will take place on Monday, June 5th, at 1 p.m. A number of guests will afterwards be entertained at luncheon in the Society's Hall, Blackfriars.

THE MEDICAL FACULTY OF JOHNS HOPKINS UNIVERSITY.—It is stated that Drs. William H. Welch, William S. Halstead, Howard A. Kelly, and William Osler, all members of the original faculty of Johns Hopkins University, will meet in London during June, and will then sit for a group portrait to be painted by Mr. John S. Sargent. The idea originated with Miss Mary E. Garrett, of Baltimore, the benefactress of the Johns Hopkins Medical School, who will bear the expense of the painting. Professor Osler's departure makes the first gap in the original faculty of the medical school.

REQUESTS TO MEDICAL INSTITUTIONS.—Under the will of the late Mrs. Jane Maria Brookabank, of Sydenham, which has now been proved, the Findon Village Home, near Worthing, receives a sum of £5,000, and each of the following institutions £105: The Chelsea Hospital for Women; the Hospital for Consumption, Fulham Road; the Children's Hospital, Sydenham; the National Truss Society; the Brompton Cancer Hospital; the Bexhill Convalescent Home; the St. Michael's Convalescent Home, Westgate-on-Sea; the Royal Hospital for Incurables; and the British Home for Incurables at Clapham.

CONGRESS OF GERMAN SCIENTISTS AND MEDICAL PRACTITIONERS.—The work of the German Congress of Scientists and Medical Practitioners which, as already stated in the BRITISH MEDICAL JOURNAL, is to be held at Meran in September (24th

to 30th), is divided into two main branches, one of which is devoted wholly to medical science. This branch is subdivided into fifteen sections, as follows: 1. Anatomy, histology, embryology, and physiology; 2. general pathology and morbid anatomy; 3. internal medicine, pharmacology, balneology, and hydrotherapy; 4. history of medicine and of the natural sciences; 5. surgery; 6. obstetrics and gynaecology; 7. children's diseases; 8. neurology and psychiatry; 9. ophthalmology; 10. dermatology and syphilology; 11. dental surgery; 12. military hygiene; 13. forensic medicine; 14. hygiene, bacteriology, and tropical hygiene; 15. veterinary surgery.

A CLERICAL CRUSADE AGAINST THE CIGARETTE.—An anti-cigarette crusade is to be started in Holyoke, Massachusetts, by Catholic and Protestant clergy working jointly. The movement, it is explained, is not against the use of tobacco, except so far as it enters into the manufacture of cigarettes. It is proposed to ask every clergyman of whatever denomination in Holyoke to use his influence against the habit in his own parish. The crusade will be conducted primarily on physiological grounds, the moral right of grown men and women to smoke cigarettes being, with a gracious tolerance for which lay folk should presumably be thankful, conceded as a matter for each person to determine for himself. The Massachusetts statutes forbid the sale of cigarettes to children under 16, and a fund will be raised for the rigid enforcement of the law. Leading tobacconists have promised to co-operate in the movement as far as it relates to the sale of cigarettes to minors.

THE MIKADO AND DR. TAKAMINE.—The Japanese Government, on the recommendation of the Mikado, has presented to Dr. Jokichi Takamine, formerly of the Tokio University, but now residing in New York, three handsome buildings, valued at £10,000, which were sent to America for the World's Fair at St. Louis. The gift, it is announced, is made in recognition not only of Dr. Takamine's services to the Imperial Japanese Commission at the Exposition, but also of important scientific and medical discoveries which have been applied during the present war with great benefit in the medical department of the Japanese army. We learn from the *Boston Medical and Surgical Journal* that Dr. Takamine will have the buildings set up at his summer home in Sullivan County, near Monticello, which he purposes to convert into a typical Japanese country-place. One of them, which is constructed of the choicest woods of Japan, was the scene of a luncheon served to the Emperor and Empress of Japan at the Osaka Exposition two years ago, and recently of receptions to President Roosevelt and to Prince Fushima when they were at St. Louis.

THE TRAINING OF MIDWIVES.—The Home for Mothers and Babies which Miss Alice Gregory has founded at Woolwich, as the first step in her scheme for promoting a higher training for district midwives, was opened on May 11th by H.R.H. Princess Christian, who was received by Dr. Cullingworth and other members of the Council of the Institution. Mr. Hawkes (joint secretary with Miss Gregory) stated that it was desired to provide a school where the training should be of longer duration than that in ordinary lying-in hospitals, and the fees, if any, moderate. It was intended that the pupils should be of an educated class, and that they should have received at least one year's training in a general hospital. Until the Home was in a position to offer free training, a fee of £20 would be charged for a course of from six to twelve months, according to the requirements of each individual pupil, and it was hoped that scholarships for this amount would presently be offered by the various county councils. Her Royal Highness having declared the Home open, Dr. Cullingworth said that the Home was the beginning of the realization of a high ideal. Its objects would, primarily, benefit the densely-populated district around, and, secondarily, the country at large. The weak points in the training hitherto provided were its short duration, the non-insistence upon a previous hospital training in general nursing, and the absence of any organization for keeping the pupils in touch with their school after they left it. In Miss Gregory's scheme these defects would be remedied, and it was, further, an essential part of her plan that every pupil entering the school should undertake to devote herself to district midwifery. Before leaving the Princess went through the Home, and visited the wards, which are quite ready for patients. The building consists of two houses, adapted by being thrown into one. The rooms are light and airy, simply fitted, and spotless with white paint and enamel. Each iron, white-painted lying-in bed has a swinging cot suspended between the foot posts.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Department of Ophthalmology.

MR. ROBERT W. DOYNE, M.A., F.R.C.S., Reader in Ophthalmology in the University of Oxford, has arranged a post-graduate course on that subject to occupy the fortnight beginning July 3rd. The main idea of the course is to demonstrate the whole range of ophthalmology in order to make the reading of textbooks more profitable than can be the case when the practitioner has to rely merely on pictures. The first week will be devoted mainly to demonstrate the examination of eye patients, the use of the ophthalmoscope and the work of refraction, and will be conducted mainly by the Reader. During the second week more special subjects will be dealt with, and among those who have undertaken to give lectures or clinical instruction are Sir William J. Collins, Mr. Adams Frost, Mr. Nettleship, Mr. Holmes Spicer, Mr. Sydney Stephenson, Mr. C. Worth, Mr. B. M. Gunn, Mr. Priestley Smith, Dr. S. Sharkey, Mr. Treacher Collins, Mr. J. H. Parsons, and the Reader. It is hoped that the Regius Professor of Medicine, Dr. Osler, will also give an address. The fee for the course is 5 guineas, and board and residence will be provided in Keble College at the rate of 7s. 6d. a day. Further particulars can be obtained from Mr. R. W. Doyne, 34, Weymouth Street, London, W. The number of members must be strictly limited.

UNIVERSITY OF CAMBRIDGE.

The following degrees were conferred on May 11th:

M.D.—J. A. Glover, Joh. A. C. Ingram, Joh. Third Examination for Medical and Surgical Degrees.—Part II. Surgery, Midwifery, and Medicine.—The following have now satisfied the Examiners in all three sections:

S. Barradell-Smith, B.A., F. M. Bulley, M.A., H. C. Cameron, B.A., H. J. Cardew, B.A., D. V. Cow, B.A., S. H. Daukes, B.A., H. S. Dickson, B.A., D. E. Droop, B.A., T. W. N. Dunn, B.A., W. G. P. Ellis, M.A., T. J. Faulder, B.A., N. C. Fletcher, B.A., C. R. E. French, B.A., J. R. C. Greenlees, B.A., G. Holroyd, B.A., W. R. Honeyburne, B.A., W. G. Howarth, B.A., F. A. Juler, B.A., E. Lloyd, B.A., J. A. A. Orlebar, W. E. Paramore, B.A., P. R. Parkinson, B.A.

UNIVERSITY OF LONDON.

FACULTY OF MEDICINE.

A MEETING of the Faculty of Medicine will be held at the University on Tuesday next, May 23rd, at 5 o'clock. An interim report from a Special Committee on teaching and research in the "advanced" subjects of medical education will be considered. As a first step towards securing an improvement in the teaching of the advanced or clinical subjects of the curriculum, the Committee recommend the Faculty "to press upon the Senate the desirability of such a modification of the University regulations as will admit of a much longer period being allotted for advanced studies and a proportionate curtailment of the time allotted for the early studies."

A second Special Committee will present a report embodying proposals to secure a definite plan of annual retirement by a proportion of the members of certain Boards of Studies comprised within the Faculty.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia was held at the College on Thursday, May 11th, the President, Sir R. Douglas Powell, in the chair.

Fellowship.

The following gentlemen, who had been elected at the preceding comitia, were admitted as Fellows of the College: Duncan Burgess, M.B. Cantab., Bedford Pierce, M.D. Lond., Arthur Whitfield, M.D. Lond., James William Russell, M.D. Cantab., William Barnett Warrington, M.D. Lond., Wilfred John Harris, M.D. Cantab., Thomas Watts Eden, M.D. Edin., James Harry Squeira, M.D. Lond., Edmund Ivens Spriggs, M.D. Lond., Harold Batty Shaw, M.D. Lond., Robert Arthur Young, M.D. Lond.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Council was held May 11th, Mr. John Tweedy, President, in the chair.

Jacksonian Prize.

This prize for the year 1904 was awarded to Mr. Herbert John Paterson.

Diploma of Membership.

One hundred and eight diplomas were issued to candidates found qualified at the recent examination.

Report on the History and Work of the Conjoint Laboratories.

The report was drawn up by Dr. P. H. Fyfe-Smith, as chairman of the Laboratories Committee, and for its presentation a vote of thanks was passed by the Council.

University of Sheffield.

The President was elected to represent the College on the University Court of the above University.

Presentation by Mr. Thomas Bryant.

A vote of thanks was passed to Mr. Thomas Bryant for the presentation of letters and a photograph of historic interest.

Teaching of Chemistry and Biology.

It was, on the motion of Mr. Henry Morris, referred to the Committee of Management to consider and report as to the desirability of treating chemistry, physics, and biology as subjects of preliminary education and of requiring that an examination in them should be passed before the recognition of the commencement of medical studies, and to further report as to the desirability of the two Colleges approaching the Universities and other examining bodies with a view of adopting a five years' curriculum of professional study from the date of passing the preliminary science examination.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen passed the First Examination of the Board in the subjects indicated at the April quarterly meeting of the examiners, namely:

Chemistry and Physics.—Messrs. F. Basford, R. C. Clarke, W. C.

Comissioning, D. M. Cox, G. de H. Dawson, H. G. W. Dawson, R. S. Doran, J. G. Edwards, F. C. Endean, B. Goldsmith, D. Hamilton, G. R. Heard, E. Howden, L. H. Khan, C. H. Knowles, G. L. Lawlor, J. D. G. Little, F. A. Lawe, P. S. Martin, J. F. H. Morgan, C. W. Morris, L. W. Mortimer, J. T. Parry, P. E. H. Patey, G. E. H. Phillips, W. H. Pickup, W. T. Quinlan, G. G. Rigby, T. W. R. Strode, M. G. Thavara, F. C. V. Thompson, J. G. Watson, G. Whittington, A. J. O. Wigmore.

Elementary Biology.—Messrs. R. W. Annison, A. M. Barlow, T. M. Bellew, R. S. De C. Bennett, W. P. Bonner, J. W. Bowen, T. R. Bowen, T. F. Brown, E. M. Browne, S. A. Burn, H. V. Capon, G. O. Chambers, J. J. Clarke, L. K. Cooper, W. R. Cooper, D. M. Cox, R. G. Dainty, J. T. Daly, S. Danziger, T. R. Davey, G. De H. Dawson, S. B. Depree, A. Dias, R. S. Doran, H. H. Dummere, F. Dvorkovitz, G. E. D. Ellis, C. D. Faulkner, E. G. P. Faulkner, B. Flack, G. J. French, R. F. Fuller, N. H. Gilbert, B. Goldsmith, C. Hall, D. Hamilton, C. H. Hart, G. R. Heard, J. B. Holmes, J. B. H. Holroyd, E. Howden, G. J. P. Huddleston, G. Jefferson, S. G. Johnson, J. P. Jones, J. A. Jones, L. H. Khan, C. H. Knowles, J. M. Land, W. E. Latham, S. J. Lauder, J. A. R. Lee, F. M. Lipscomb, J. D. G. Little, D. C. Lloyd, H. B. Logan, J. P. Lupton, J. C. Mackwood, P. S. Martin, R. T. Martin, V. C. Martyn, H. W. M. May, H. G. Miller, L. Milton, F. C. Morgan, M. M. Munder, H. Neane, H. C. W. Nuttall, R. J. Paget, J. T. Parry, R. A. Pittard, J. Powell, T. B. B. Price, E. H. Rainey, C. E. Reckitt, W. A. Reynolds, C. E. Rice, T. S. Rippon, A. B. Rosher, S. Shephard, V. E. Somers, C. G. Sprague, H. Steinbach, T. E. A. Stowell, E. L. Sturdee, F. C. Tibbs, J. M. Todesco, W. P. Vicary, G. E. Villandré, P. D. Warburton, T. S. Ward, A. Watson, L. F. K. Way, G. Whittington, G. E. Williams, J. P. Williams, D. Wood, and F. C. Wright.

Practical Pharmacy.—Messrs. J. H. D. Acland, C. Amarasiuri, B. N. Ash, H. P. Aubrey, C. W. T. Baldwin, E. J. Blewitt, L. H. Bowkett, T. F. Brown, S. H. Brown, P. J. Chissell, C. E. Clay, V. A. C. Gostodade, M. O. Crouching, G. L. Curnock, S. H. Daukes, A. H. C. Dawes, J. W. Doherty, F. N. Doubleday, G. B. Edwards, H. Granger, G. F. Greening, C. V. Griffiths, B. G. Gutteridge, R. B. Haygate, R. E. Huxtable, R. E. James, D. M. Jones, A. R. Littlejohn, A. L. Loughborough, T. F. Lumb, O. R. McEwen, A. E. McKenzie, M. Marks, E. S. Moynaux, A. C. Morson, C. W. R. Preston, H. E. Priestley, G. G. Rigby, B. M. Riggall, J. E. Smith, A. R. Snowden, W. H. R. Streetfield, G. Thom, H. T. Treves, R. G. Vaughan, C. F. G. Willies, C. Wolfersten, H. D. Wyatt, and J. M. Wyatt.

MEDICO-LEGAL AND MEDICO-ETHICAL.

ASSISTANT AND PRINCIPAL.

COLMEC writes that a short time ago he was acting as an assistant to a practitioner, when he heard of an opening in a distant part of the country. He obtained permission to go away for a week to look into this on condition he paid a *locum tenens* to do his work. He engaged a *locum tenens* for four guineas a week and travelling expenses, and found that the opening in question was a good one, and wrote and told his principal so. He then learnt that his *locum tenens* had been dismissed by his principal at the end of the week and paid five guineas and travelling expenses. He thereupon sent another *locum tenens*, who was also dismissed at the end of a week, and paid four guineas by him. For the next two weeks the principal found his own *locum tenens*, and later sent a claim for £14 5s. ad., being £5 17s. ad. for the *locum tenens's* salary for the first week and railway expenses, and £8 8s. for the third and fourth weeks. Our correspondent thereupon knocked off one guinea, as he had engaged to pay the *locum tenens* only four guineas for the first week, and sent a cheque for £14 5s. 6d., being balance due to his principal, who owed him £11 1s., being £10 for a month's salary and £1 1s. for a portion of another month. The principal has since refused to pay any portion of the salary due to him, and threatens to sue our correspondent in the county court for £11 1s., the balance he asserts to be owing.

. If our correspondent pays for the *locum tenens*, the principal must of course pay his salary. We do not think he need fear any county court proceedings.

'MEDICAL WITNESSES' FEES AT THE OLD BAILEY.

A CORRESPONDENT whose partner has recently been allowed 3s. 6d. for giving evidence at the Old Bailey asks what are the fees allowed there.

. Under the new rules "not more than" two guineas a day may be allowed, but taxing officers are reminded that this is a maximum fee, and that they are to exercise their discretion as to paying the full fee.

AGREEMENTS NOT TO PRACTISE.

SURGEON asks whether a written agreement given by a house-surgeon to the Hospital Board on his election that he will not practise for two, five, or six years in the hospital town on vacating office is legally binding on him.

. Yes, and the agreement might be enforced by an action at law.

TOUTING FOR PRACTICE.

MEDICUS (Lancashire) writes that a practitioner who acted as his *locum tenens* last summer during that time attended a lady in her confinement. He has recently married and settled in the neighbourhood, and has sent this lady his wedding cards with a letter, in which he says: "You may probably recollect me attending you as *locum* to Dr. S. of —, when baby was born. Shall be pleased to see you as a visitor any time, also Mr. —."

. There can be no doubt that such a letter is highly injudicious.

MEDICAL ADVERTISING.

NONEX asks whether in the case of a hospital bazaar which is distributing a number of advertising booklets it would be right to print in it the names of the hospital staff.

. We think it would be better that the list should be omitted, as it does not seem necessary.